UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-108993	July 11, 2013	

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.				
EMPLOYER AGAINST WHOM CHARGE IS BROUGHT				
a. Name of Employer		b. Tel. No.		
Coastal Marine Services, Inc.		c. Cell No.		
d. Address (street, city, state ZIP code) 2255 National Avenue	e. Employer Representative Neal Norton	f. Fax No.		
San Diego, CA 92113-3614		g. e-Mail		
		h. Dispute Location (City and State) San Diego, CA		
Type of Establishment (factory, nursing home, hotel)	j. Principal Product or Service	k. Number of workers at dispute location 40		
Mechanical Services Contractor	Mechanical Services			
National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce	I is engaging unfair labor practices within the meani or practices are practices affecting commerce within within the meaning of the Act and the Postal Reorga se statement of the facts constituting the alleged un-	n the meaning of the Act, or these unfair labor anization Act.		
The above-named Employer has unlawfully terminated employee (b) (6), (b) (7)(C) in retaliation for (union and/or protected, concerted activities.				
3. Full name of party filing charge (if labor organizal International Association of Heat and Frost Insulation	ation, give full name, including local name and numbers and Allied Workers, Local No. 5, AFL-CIO	ber)		
4a. Address (street and number, city, state, and ZI		4b. Tel. No. (626) 815-9794		
670 E. Foothill Blvd., Unit 2		4c. Cell No.		
Azusa, CA 91702-2628		4d. Fax No. (626) 815-0165		
		4e. e-Mail		
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Association of Heat and Frost Insulators and Allied Workers, AFL-CIO				
6. DECLARATION		Tel. No.		
i declare that I have read the above charge at my knowledge, and belief.	nd that the statements are true to the best of	Same as above		
By: Videl and	Vidal Arce, Organizer	Office, if any, Cell No.		
(signature of representative or person making cl	harge) Print Name and Title	Fax No. same as above		
Address: Same as above	Date: July 11, 2013	e-Mail		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-854321662

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-S (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD REAGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-109345	7-16-13	

drappley@lawnet.uci.edu

STRUCTIONS: en original with NLRB Regional Sheeter for the region in which		CA-109345	7-16-13
	AGAINST WHOM CHARGE IS B		1 44
a. Name of Employer		B, 16	l. No. (949) 553-8332
Hestmark Hospitality Group d/b/a Embassy Suites Irvine Hotel		c. Ce	il No.
		f. Fa	^{k No.} (949) 261-5301
Address (Street, city, state, and ZiP code)	e. Employer Representative		
20 Main Street		g. e-	Mail
vine, CA 92614		L.	
	1	h. N	umber of workers employed
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or ser		
otel	Hotel room, food and beve		TO U UN THE
The above-named employer has engaged in and is engagi	ng in unfair labor practices within the i	meaning of section 8(a)	subsections (1) and (its)
subsections) (3)	of th	e National Labor Relati	ons Act, and these unfair labor
practices are practices affecting commerce within the mea		ractices are unfair pract	ices effecting commerce
within the meaning of the Act and the Postal Reorganization	on Act.		
Basis of the Charge (set forth a clear and concise statement	ent of the facts constituting the alleged	unfair labor practices)	
Full name of party filing charge (if-labor organization, give	full name, including local name and n	umber)	
	full name, including local name and n	umber)	
NITE HERE Local 11	full name, including local name and n	umber) 4b. Tel.	No. (213) 481-8530
NITE HERE Local 11	full name, including local name and n	4b. Tel.	(213) 401-0330
NITE HERE Local 11 Address (Street and number, city, state, and ZIP code)	full name, including local name and n		(213) 401-0330
INITE HERE Local 11 Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201	full name, including local name and n	4b. Tel. 4c. Cell	(213) 401-0330
NITE HERE Local 11 Address (Street and number, city, state, and ZIP code) 34 S. Lucas Ave., Ste. 201	full name, including local name and n	4b. Tel. 4c. Cell	No. (213) 481-0352
Full name of party filing charge (if-labor organization, give INITE HERE Local 11 a. Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201 os Angeles, CA 90017 Full name of national or international labor organization of organization)		4b. Tel. 4c. Cell 4d. Far 4e. e-M	(213) 461-6930 No. (No. (213) 481-0952
INITE HERE Local 11 Address (Street and number, city, state, and ZIP code) S4 S. Lucas Ave., Ste. 201 D5 Angeles, CA 90017 Full name of national or international labor organization of		4b. Tel. 4c. Cell 4d. Far 4e. e-M. nit (fo be filled in when	(213) 461-6930 No. (213) 481-0952 ail Charge is filed by a laber
INITE HERE Local 11 a. Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201 os Angeles, CA 90017 Full name of national or international labor organization of ganization) 6. DECLARATION	f which it is an affiliate or constituent u	4b. Tel. 4c. Cell 4d. Fai 4e. e-M. nit (to be filled in when	(213) 461-6930 No. (213) 481-0952 ail Charge is filed by a laber
INITE HERE Local 11 a. Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201 os Angeles, CA 90017 Full name of national or international labor organization of genization) 6. DECLARATI declare that I have read the above charge and that the statement	f which it is an affiliate or constituent u	4b. Tel. 4c. Cell 4d. Fai 4e. e-M. nit (to be filted in when Tel. No	(213) 461-6930 No. (213) 481-0352 ail charge is filed by a laber
NITE HERE Local 11 Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201 os Angeles, CA 90017 Full name of national or internelional labor organization of genization) 6. DECLARATION of the statement of the state	f which it is an affiliate or constituent u ON onts are true to the best of my knowledge	4b. Tel. 4c. Cell 4d. Fax 4e. e-M. Tel. No and belief. Office, i	(213) 461-8930 No. (213) 481-0352 aii Charge is filed by a laber (213) 481-8930 x 298 fany, Cell No.
INITE HERE Local 11 a. Address (Street and number, city, state, and ZIP code) 64 S. Lucas Ave., Ste. 201 os Angeles, CA 90017 Full name of national or international labor organization of reganization) 6. DECLARATI declare that I have read the above charge and that the statement	which it is an affiliate or constituent u ON onts are true to the best of my knowledge exter Rappleye, Legal Intern	Ab. Tel. 4c. Cell 4d. Far 4e. e-Mi Tel. No and belief. Office, i	(213) 461-8930 No. (213) 481-0352 aii Charge is filed by a laber (213) 461-8930 x 298 fany, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1081) PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NERB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are-fully set torth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case 2:21-CA-109436

Date Filed 7-17-13

NOTES	ICTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer		b Tel. No. 310-638-6663
Petrochem		c. Cell No. 310-638-6572
d. Address (Street, city, state, and ZIP code) 19010 S. Alameda Street Rancho Dominguez, CA 90221	e. Employer Representative Jesse Flores	f. Fax No. g. e-Mail h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Varies	j. Identify principal product or service Insulation	. 100+
 k. The above-named employer has engaged in and is engagin subsections) (3) practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization 2. Basis of the Charge (set forth a clear and concise statement) 	of the National Lab ring of the Act, or these unfair labor practices are un n Act.	oor Relations Act, and these unfair labor nfair practices affecting commerce
Within the last six months the employer failed to dactivity.		_
3. Full name of party filing charge (if labor organization, give to the content of the content	full name, including local name and number)	
Heat and Frost Insulators, Fire Stoppers, and Alli		
4a Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 626-815-9794
670 East Foothill Boulevard, Unit 2 Azusa, CA 91702		4c Cell No.
		4d. Fax No. 626-815-0165
Full name of national or international labor organization of organization) International Association of Heat and	Frost Insulators and Allied Workers	d in when charge is filed by a labor
I declare that I have read the above charge and that the statement of the		Office, if any, Cell No. 7 Fax No. 626-815-0165-521 e-Mail
Address	/ (date)	•

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

P.03

INTERNET FORM NLR6-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

	21-CA-109444	4 7-17-13
INSTRUCTIONS: File an original with NLRB Regional Director for the region in whic	h the alleged votair labor practice occurred of is offcurrin	
	R AGAINST WHOM CHARGE IS BROUGHT	· a -
a Name of Employer		b. Tel. No 310-638-6663
Petrochem		0.0 000 0000
redoonen		c. Cell No. 310-638-6572
		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	- 44 %
19010 S. Alameda Street	Jesse Flores	g. e-Mail
Rancho Dominguez, CA 90221		
		 h. Number of workers employed 100+
Type of Establishment (factory, mine, wholesaler, etc.) Varies	j. Identify principal product or service Insulation	
k. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of sec	tion 8(a), subsections (1) and (list
subsections) (3)	, •	or Relations Act, and these unfair labor
practices are practices affecting commerce within the me		•
within the meaning of the Act and the Postal Reorganizat		man precious ariousing commercu
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts constitution the alleged unfair labor or	ractices
	on the factor of the thought a than factor pr	
Within the last six months the employer failed to activity.	consider/refused to hire (b) (6), (b) (7)(C) based	on em union and/or protected
2 Eull game of anni Stini about (# later anni attention		
3 Full name of party filing charge (if labor organization, giv	e full name, including local name and number)	
Heat and Frost Insulators, Fire Stoppers, and A	Ilied Workers Local 5	
4a Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 626-815-9794
670 East Foothill Boulevard, Unit 2		
Azusa, CA 91702		4c. Cell No.
72434, 677 31702		4d Fax No. 626-815-0165
		626-613-0163
		4e e-Mail
		1
5. Full name of national or international labor organization	of which it is an affiliate or constituent unit (to be filled	I in when charge is filed by a labor
organization) International Association of Heat an	d Frost Insulators and Allied Workers	
0.000		S R
6. DECLARA I declare that I have read the above charge and that the statem		Tel. No. 626-815-9794
	The state of the same of the same same same same.	7 86
a World Press		Office, if any, Cell No
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. 506 845 0465

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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e-Mail

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO N	OT WRITE IN THIS SPACE
Case	Date Filed
21-CA-110	7-30-13

FORM EXEMPT UNDER 44 U S C 3512

INIC	TO	ICT	OA	10.

ile an original with NLRB Regional Director for the region in which		ning
a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b Tel. No. (951) 697-0013
UNF West, Inc., a/k/a United Natural Foods, Inc.		(951) 697-0013
		c. Cell No
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (951) 563-2359
a. Audiood folioos, only, state, and 211 code)		g e-Mail
22150 Goldencrest Drive	John Owens	
Moreno Valley, CA 92253		h Number of workers employed 250+
Type of Establishment (factory, mine, wholesaler, etc.) Wholesaler	j. Identify principal product or service Food	
k The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) (3) and (4)	of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganizati	[2] 14 - [2] [2] 14 - 14 [2] 14 [2] 14 [2] 14 [2] 15 [2] 15 [2] 15 [2] 15 [2] 15 [2] 15 [2] 15 [2] 15 [2] 15	unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts constituting the alleged unfair labor p	oractices)
Within the past six (6) months, the Employer dis	charged employee (b) (6), (b) (7)(C) bed	cause engaged in union and
protected, concerted activities in violation of Sec	ction 8(a)(1) and (3) of the Act	
Within the past six (6) months, the Employer ha	나는 그리아 아이들이 하지 않는 아이들이 살아 보고 가슴 그리고 하는데 그리는데 하는데 얼마나 없었다.	
engaged in union and other protected, concerte	보다 : [18] 12] 12] 12] 12] 12] 12] 12] 13] 14] 15] 15] 15] 15] 15] 15] 15] 15] 15] 15	: (1987년 - 1977년 - 1987년
was subpoenaed to testify on behalf of the Char	ging Party in a Board proceeding in violat	ion of Section 8(a)(1), (3), and (4)
of the Act.		
(Continued - SEE ATTACHMENT.)		
3 Full name of party filing charge (if labor organization, give Teamsters, Chauffeurs, Warehousemen, Indust Teamsters	e full name, including local name and number) rial and Allied Workers of America, Local	166 International Brotherhood of
4a Address (Street and number, city, state, and ZIP code)		100, International Brotherhood of
18597 Valley Boulevard		Ab Tol No
Bloomington, CA 92316		4b Tel No. (909) 877-8326
		Ab Tol No
Statistical Control of the Control o		^{4b Tel No.} (909) 877-8326
Sisterning on Section		4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812
		4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812
5 Full name of national or international labor organization organization) International Brotherhood of Teams	AL 48 THE STATE OF THE SHOP SHOULD SHOW THE STATE OF THE	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e e-Mail
5 Full name of national or international labor organization organization) International Brotherhood of Teams	ters	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e e-Mail
5 Full name of national or international labor organization	ters 10N	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e. e-Mail
5 Full name of national or international labor organization organization) International Brotherhood of Teams: 6. DECLARAT declare that I have read the above charge and that the statem	ters 10N	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e e-Mail
5 Full name of national or international labor organization organization) International Brotherhood of Teams: 6. DECLARAT I declare that I have read the above charge and that the statem	TION ents are true to the best of my knowledge and belief.	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e e-Mail
5 Full name of national or international labor organization organization) International Brotherhood of Teams: 6. DECLARAT declare that I have read the above charge and that the statem by	ters TON ents are true to the best of my knowledge and belief. Villiam Sheh, Attorney	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e. e-Mail
5 Full name of national or international labor organization organization) International Brotherhood of Teams: 6. DECLARAT I declare that I have read the above charge and that the statem by	ters TON ents are true to the best of my knowledge and belief. Villiam Sheh, Attorney (Print/type name and title or office, if any)	4b Tel No. (909) 877-8326 4c Cell No. 4d Fax No (909) 877-2812 4e e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Attachment to Charge Against Employer

2. Basis of the Charge (continued)

Within the past six (6) months, the Employer has interfered with, restrained, and coerced its employees in the exercise of their Section 7 rights by having its employees submit to drug tests because of the employees' union and other protected, concerted activities, because of the employees' support for the Charging Party, because the employee(s) was/were subpoenaed to testify on behalf of the Charging Party, and/or on a disparate or discriminatory basis in violation of Section 8(a)(1), (3), and (4) of the Act.

Within the past six (6) months, the Employer has directed its employees to refrain from engaging in union and other protected, concerted activities by directing employees to refrain from discussing terms and conditions of employment with other employees, and retaliated against its employees for engaging in such union and other protected, concerted activities, in violation of Section 8(a)(1) and (3) of the Act.

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-110709	8-6-13	

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.			
	EMPLOYER AGAINST WHOM CHARGE IS BROUG		
a. Name of Employer		b Tel No	
		310-834-2245	
American Logistics International		c Cell No	
d Address (street, city, state ZIP code)	e Employer Representative	f Fax No.	
24700 South Main Street	Alireza Mahdavi, Owner		
Carson, CA 90745		g. e-Mail	
·		h Dispute Location (City and State)	
		Carson, California	
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location	
hotel)		Approx 80	
Logistics	Trucking and Transportation		
I The above-named employer has engaged in and	I is engaging unfair labor practices within the meaning	ng of section 8(a), subsections (1) and (3) of the	
National Labor Relations Act, and these unfair labor	or practices are practices affecting commerce within	the meaning of the Act, or these unfair labor	
2 Basis of the Charge (set forth a clear and conci-	within the meaning of the Act and the Postal Reorga se statement of the facts constituting the alleged unf	air labor practices)	
2 Sacra of the Sharge (Section in Section of Section	se statement of the lasts constituting the aneged and	an rabbi practices;	
Mithin the most six (C) mountles the	alance represent Complete a discriminate d	(h) (c) (h) (7)(0)	
	above-named Employer discriminated		
	engaging in Union and/or other prote	cted concerted activities and in	
order to discourage union activities	or membership.		
The Charging Party requests Section 10(j) relief.			
The Charging Party requests Section 10(j) relief.			
3 Full name of party filing charge (if labor organization, give full name, including local name and number)			
International Brotherhood of Teamst			
4a. Address (street and number, city, state, and ZI	P code)	4b Tel. No.	
3888 Cherry Avenue, 2nd Floor		323-205-6407	
Long Beach, CA 90807		4c Cell No	
		4d. Fax No.	
5 Full name of national or international labor organization of which it is an affiliate or constituent unit (4e e-Mail	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)			
organization)			
6 DECLARATION I declare that there read the above charge and that the statements are true to the best of		Tel No.	
my knewledge and belief.	nd that the statements are true to the best of	323-205-6407	
my saswiedge and benefit.	·	Office, if any, Cell No	
X 18-12	Francisco Cendejas, Organizer	Sinds, if any, deli No	
(signature of representative or person making cl		Fax No.	
Address Avenue 2nd Floor	Date.	e-Mail	
3888 Cherry Avenue, 2nd Floor	8/6/15		
Long Beach CA 90807	, .	1	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C. 3512

FORM NLRB-501 (17 48)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	N THIS SPACE
Case	Date Filed
21-CA-110766	8-6-13

	R AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer		b. Number of workers employed
Hanson, LLC		1
Address (street, city, state, ZIP code)	rl. Employer Representative	a Telephone No.
3550 Live Oak Avenue	Mark R Epstein, Labor Relat	858/715-5683 tel
rwindale, CA 91706	PO Box 639069	8587715-5670 fax
	San Diego, CA 92163	1
Type of Establishment (factory, mine, wholesaler, etc.) Line	Aggregates	
The above-named employer has engaged in and is a		ing of section f(s) subsections
and (list subsections) (3) (5)		of the National Labor Relations
and these unfair labor practices are unfair practices aff		or the Hellerian Edder Hellerian
Basis of the Charge (set forth a clear and concise state		or practices)
y failing to pay this member for wo	rk performed.	
the above and other acts, the above-named employs his guaranteed in Section 7 of the Act uit name of party filing charge (if labor organization, gin	ve full name, including local name and number)	nployees in the exercise of the
nts guaranteed in Section 7 of the Act uil name of party filing charge (if labor organization, give International Union of Operating Eng	re full name, including local name and number) gineers, Local 12, AFL-CIO	SINVE CONTRACTOR
nts guaranteed in Section 7 of the Act ut! name of party filing charge (if labor organization, given	re full name, including local name and number) gineers, Local 12, AFL-CIO	relephone No.
nts guaranteed in Section 7 of the Act uil name of party filing charge (if labor organization, give International Union of Operating Eng	gineers, Local 12, AFL-CIO	SINVE CONTRACTOR
International Union of Operating Engineers (street and number, city, state, and ZIP code) 150 East Corson Street, Pasadena, Calliname of national or international labor organization.	gineers, Local 12, AFL-CIO 45 191103	Felephone No. 1 26) 792–8900
International Union of Operating Engineers (Street and number, city, state, and ZIP code) 150 East Corson Street, Pasadena, California of national or international labor organization at labor organization or labor organization.	ineers, Local 12, AFL-CIO 4b 91103 66 1 of which it is an alfiliate or constituent unit (to	Felephone No. 1 26) 792–8900
International Union of Operating Engineers (street and number, city, state, and ZIP code) 150 East Corson Street, Pasadena, Calliname of national or international labor organization.	ineers, Local 12, AFL-CIO 4b 91103 66 1 of which it is an alfiliate or constituent unit (to	Felephone No. 1 26) 792–8900

(Telephone No.)

(date)

UNITE HERE LOCAL 11

FORM EXEMPT UNBER-44 U.S.C 3512

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHAMBRE AGAINST EMPLOYER

IN THIS SPINGE
Date Filed 8-8-13

INSTRUCTIONS:	L	
file an original with NERB Regional Disector for the region in which th	e alleged unfair tabor practics occurred er is occu	rring.
1. EMPLOYER A	GAINST WHOM CHARGE IS BROUGHT	
Name of Employer Hostmark Hospitality Group diffeta Embassy Suites		b. Tel No. (949) 553-8332
		c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	1. Fax No. (949) 261-5301
2120 Main Street		g e-Mail
Irvine, CA 92614		
		h. Number of warkers employed
i. Type of Establishment(factory, mine, wholeseler, etc.)	j. Identify principal product or service	
Hotel k. The above-named employer has engaged in and is engaging	Hotel room, food and beverage	action 9(a) subsections (1) and (list
subsections) (3)	,	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postat Reorganization	g of the Act, or these unfair labor practices are	•
2. Basis of the Charge (set forth a elear and concise statement	of the facts constituting the alleged unfair labor	practices)
Since on or about June 2013, the above-named em	ployer has enforced new work rules/m	nore strictly enforced existing work
rules, requiring employees to take meal and rest be of discipline. The employer has taken this action in further enforced these work rules in a discriminatory (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C)	response to employees' protected, cor r fashion and issued discipline pursual	ncerted activity. The employer has nt to these work rules to employees
Full name of perty filing charge (#-fabor organization, give full	name, including local name and number)	
UNITE HERE Local 11	,	
4a. Address (Street and number, city, state, and ZIP code) 464 S. Lucas Ave. Ste. 201		4b. Tel No. (213) 481-8530
Los Angeles, CA 90017		4c. Cell No
		4d. Fax No. (213) 481-0352
		4e. e-Mail
 Full-name of national or international labor organization of whorganization) 	ich it is an affiliate or constituent unit (to be fille	d in when charge is filed by a labor
UNITE HERE International Union		
DECLARATION I declare that I have read the above charge and that the statements	are true to the best of my knowledge and belief	Tel. No. (213) 481- 85 30 x 258
By Kirill I	Penteshin, Staff Attorney	Office, if any, Cell No.
	Print/type name and title or office, if any)	Fax No. (213) 481-0352
464 S. Lucas Ave. Ste. 201, Los-Angeles, CA	90017 8.8.2013	e-Mail
Address	(date)	kpenteshin@unitehere11.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1981) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NURB-501 (2-09)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-110919	8-8-13

lisa@unacuhcp.org

(date)

At partition and a second	2	1-CA-11091	9 8-8-13
INSTRUCTIONS: File an original with NLRB Regional Director for the region in which t	 edite and unfair labor parette add	necomed or is occurre	
	AGAINST WHOM CHARGI		
a. Name of Employer		<u> </u>	b. Tel. No. 951-737-4343
UHS-Corona, Inc. d/b/a Corona Regional Medical	Center		c. Cell No.
			f. Fax No. 951-738-6334
d. Address (Street, city, state, and ZIP code)	e. Employer Representativ	e '	951-730-0354
800 S. Main St., Corona, CA 92882	Robert Kevan Metcal	fe, CEO	g. e-Mail
		<u>.</u>	h. Number of workers employed appx 306 (in unit)
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product Health Care	or service	
k. The above-named employer has engaged in and is engaging	g in unfair labor practices within	n the meaning of sect	ion 8(a), subsections (1) and (list
subsections) (3), (4), and (5)		of the National Labo	r Relations Act, and these unfair labo
practices are practices affecting commerce within the meaning	ingrofithe Act or those unfair is		
within the meaning of the Act and the Postal Reorganization	Act.	·	
2. Basis of the Charge (set forth a clear and concise statement	t of the facts constituting the al	lleged unfair lebor pra	clices)
Within the past six months, the Employer, through	its managers, superviso	r's, and/or agents	, has interfered with, restraine
and coerced employees in the exercise of their rigil	hts under Section 7 of th	e National Labor	Relations Act ("NLRA") by:
(1) failing to provide any notice to Union or an opport			• • •
and layoff Union-represented employees in the Pe			
•	• • • •	_	•
their effects; (3) failing and/or refusing to supply Ur		•	-
negotiations over the closure, layoffs, and their effe		_	-
layoff in a Unit with a high density of known union			
against Union-represented employees who testifie	d for Union at the NLRB	Election Objection	ens Hearing by targeting them
the layoff because they testified. By these and oth	er similar acts, Employe	r has violated NL	RA Sections 8(a)(1), (3)-(5)
3. Full name of party filling charge (if labor organization, give fu United Nurses Associations of California/Union of	ll name, including local name of Health Care Professiona	and number) ils, NUHHCE, AF	SCME, AFL-CIO
4e. Address (Street and number, city, state, and ZIP code)		-	46 Tel. No. 909-599-8622
955 Overland Court, Suite #150		L.	Ic. Cell No
San Dimas, CA 91773-1718			
		[4d. Fax No. 909-599-8655
		[2	ę, e-Mail
5. Full name of national or international labor organization of w	hich it is an affiliate or constitu	ent unit (to be filled in	when charge is filed by a labor
organization) National Union of Hospital and Health			The charge to mee by a labor
6. DECLARATION		· · · · · · · · · · · · · · · · · · ·	Fel. No.
I declare that I have read the above charge and that the statements			909-599-8622
	Demidovich, General C	ounsel	Office, if any, Cell No.
(algnature of representative or person making charge)	(Print/type name and the or office,	ff any)	Eax No. 909-599-8655
	8/	8/2013	-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1601)
PRIVACY ACT STATEMENT

955 Overland Ct. #150, San Dimas, CA 91773

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLR3) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes:

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S C 3512
DO NOT WRITE	IN THIS SPACE
ase	Date Filed
21-CA-111366	8-15-13

IMS	TOI	 101	10.

File an original with NLRB Regional Director for the region in which the alleged unfair Labor practice	
1. EMPLOYER AGAINST WHOM CHARG a. Name of Employer	b. Tel. No. (951) 696-6000
Southwest Healthcare System d/b/a Rancho Springs and Inland Valley M	
Southwest Healthcare System Glora Nations Springs and mand valley in	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) e. Employer Representati	
25500 Medical Center Drive John Harris, CEO	g. e-Mail
Murrieta, CA 92562	,
	h. Number of workers employed appx 570 (in unit)
i. Type of Establishment (factory, mine, wholesaler. etc.) j. Identify principal product Hospital Health Care	t or service
k. The above-named employer has engaged in and is engaging in unfair labor practices with	in the meaning of section 8(a), subsections (1) and (list
subsections) (3) and (4)	of the National Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning of the Act, or these unfair	· · · · · · · · · · · · · · · · · · ·
within the meaning of the Act and the Postal Reorganization Act.	ago, produced are arrain processes directling continuence
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the a	illeged (officir lebor practices)
Within the past six months, the Employer, through its managers, supervise	
	= :
and coerced employees in the exercise of their rights under Section 7 of the discriminating in regard to tenure and terms or conditions of employment to	
	·
when the Employer terminated (b) (6), (b) (7)(C) a known labor organizate	
protected concerted activities, including having a charge filed against the	Employer concerning prior unlawful discipline
protected concerted activities, including having a charge filed against the issued to [10] (Case No. 21-CA-097177).	Employer concerning prior unlawful discipline
issued to [978] (Case No. 21-CA-097177).	
issued to [90] (Case No. 21-CA-097177).	
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1	l), (3) and (4) of the NLRA.
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1)	l), (3) and (4) of the NLRA.
issued to [168] (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1 3 Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions	and (4) of the NLRA. and number) als, NUHHCE, AFSCME, AFL-CIO
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code)	and (4) of the NLRA. and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professional 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150	and number) als, NUHHCE, AFSCME, AFL-CIO 4b. Tel. No. 909-599-8622 4c. Cell No.
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issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) 3. Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professional 4a. Address (Street and number, city. state, and ZIP code) 955 Overland Court, Suite #150	and number) als, NUHHCE, AFSCME, AFL-CIO 4b. Tel. No. 909-599-8622 4c. Cell No.
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issued to Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) 3 Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718	and number) als, NUHHCE, AFSCME, AFL-CIO 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718 5. Full name of national or international labor organization of which it is an affiliate or constituorganization) National Union of Hospital and Health Care Employees. AFSC	and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail Jent unit (to be filled in when charge is filed by a Japon 1.4) ME, AFL-CIO
issued to (Case No. 21-CA-097177). By these and other similar acts, the Employer has violated Sections 8(a)(1) Full name of party filing charge (if lebor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718	and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail uent unit (to be filled in when charge is filled by a japon 14.) ME, AFL-CIO
By these and other similar acts, the Employer has violated Sections 8(a)(1) Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718 5. Full name of national or international labor organization of which it is an affiliate or constitution organization) National Union of Hospital and Health Care Employees, AFSC 1. declare that I have read the above charge and that the statements are true to the best of my know and the constitution of the statements are true to the best of my know and the constitution of the statements are true to the best of my know and the constitution of the charge and that the statements are true to the best of my know and the constitution of the charge and that the statements are true to the best of my know and the constitution of the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the charge and th	and number als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8665 4e. e-Mail ME, AFL-CIO Tel. No. 909-599-8622 Tel. No. 909-599-8622
By these and other similar acts, the Employer has violated Sections 8(a)(1) 3 Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a. Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718 5. Full name of national or international labor organization of which it is an affillate or constitution organization) National Union of Hospital and Health Care Employees, AFSC I declare that I have read the above charge and that the statements are true to the best of my know the constitution of the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the best of my know the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and that the statements are true to the charge and the charge are true to the charge and the charge are true to the charge and the charge are true to the ch	and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail Jent unit (to be filled in when charge is filed by a japon in the property of the prop
By these and other similar acts, the Employer has violated Sections 8(a)(1) 3 Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professions 4a, Address (Street and number, city, state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718 5. Full name of national or international labor organization of which it is an affillate or constitution organization) National Union of Hospital and Health Care Employees, AFSC 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my know and the statements are true to the statements	and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail Jent unit (to be filled in when charge is filled by a japon in the property of the pro
By these and other similar acts, the Employer has violated Sections 8(a)(1) 3 Full name of party filing charge (if labor organization, give full name, including local name United Nurses Associations of California/Union of Health Care Professional 4a. Address (Street and number, city. state, and ZIP code) 955 Overland Court, Suite #150 San Dimas, CA 91773-1718 5. Full name of national or international labor organization of which it is an affillate or constitution organization) National Union of Hospital and Health Care Employees, AFSC I declare that I have read the above charge and that the statements are true to the best of my know by Lisa Demidovich, General Care and Statements are true to the party of representative of person making charge) Lisa Demidovich, General Care and Statements are true and state or office	and number) als, NUHHCE, AFSCME, AFL-CIO. 4b. Tel. No. 909-599-8622 4c. Cell No. 4d. Fax No. 909-599-8655 4e. e-Mail Juent unit (to be filled in when charge is filled by a japon ME, AFL-CIO Tel. No. 909-599-8622 Tel. No. 909-599-8622 Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2.08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
21-CA-111386	8-15-13

	-	100	-	
NS.				

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. (888) 325-2527 a. Name of Employer Akal Security, Inc. c. Cell No. f. Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) Ms. Janet Gunn g. e-Mail 7 Infinity Loop Espanola, New Mexico 87532 h. Number of workers employed j. Identify principal product or service Type of Establishment (factory, mine, wholesaler, etc.) Federal Court security Security k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (2), (3), (4) and (5) and 9(a) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On (b) (c), (b) (7)(C) of Akal Security, Inc. (Akal), a (b) (6), (b) (7)(C) and member of Akal's (b) (6), (b) (7)(C) suspended Union (b) (6), (b) (7)(C) for alleged violation of Akal and/or United States Marshal Service (USMS) grooming standards. (b) (6), (b) (7)(c) worked for Akal at the United States Federal Courthouse in Los Angeles, (b) (6), (b) (7)(c) (b) (6), (b) (7)(C) later admitted that (b) (6), (b) (7)(C) was never in violation of the standard, only "getting close" to it. the decision was made by an Akal manager in New Mexico. Other members of the Union work with (0) (6), (0) (7XC) including one instance of (b)(c),(b)(7)(c) by a Union member. This event is a continuation of a practice by Akal regarding employment action against Union leaders. This Charge is filed in conjunction with a Charge for a failure to negotiate in good faith. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) Mr. Robert Gomez and the Court Security Officers Union - Central District California 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor Court Security Officers Union - Central District California Tel. No. (b) (6), (b) (7)(C 6. DECLARATION read the above charge and that the statements are true to the best of my knowledge and belief. Robert Gomez - Park Since of Toffice, if any, Cell No. on making charge) (Print/type name and title or office, if any) Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-111914 8-23-13

4.	Director in which the alleged unfair labor practice o	
	EMPLOYER AGAINST WHOM CHARGE IS BROU	IGHT
a. Name of Employer		b. Tel. No. 310-834-2245
		c. Cell No.
American Logistics International		G. 55% (15.)
d. Address (street, city, state ZIP code)	e. Employer Representative	f, Fax No.
24700 South Main Street		
Carson, CA 90745	Alireza Mahdavi, Owner	g. e-Mail
odrodii, ort oor to	7 till CZa Iviandavi, Gwitch	1 5 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		h. Dispute Location (City and State)
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	Carson, CA k. Number of workers at dispute location
hotel)	J. Principal Product or Service	Approx. 80
logistics	trucking and transportation	, 4 ,500.00
-31-1-1-1	and a disperious	
Basis of the Charge (set forth a clear and concil Within the past six (6) months, the	within the meaning of the Act and the Postal Reorgise statement of the facts constituting the alleged un Employer discriminated against employer for engaging in Union and/or other ies or membership.	fair labor practices) oyee (b) (6), (b) (7)(C) by
The Charging Party requests Section	ion 10(j) relief.	
		had
	ation, give full name, including local name and num.	ber)
3. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear	ation, give full name, including local name and num nsters	
3. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear 4a. Address (street and number, city, state, and Z	ation, give full name, including local name and num nsters	4b. Tel. No.
B. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear Islands and State (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor	ation, give full name, including local name and num nsters	4b. Tel. No. 4c. Cell No.202-497-5413
3. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear 4a. Address (street and number, city, state, and 23888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807	ation, give full name, including local name and numbers IP code)	4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail
3. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear la. Address (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807	ation, give full name, including local name and num nsters	4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by e-lebor
3. Full name of party filing charge (<i>if labor organiz</i> International Brotherhood of Tear 4a. Address (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807 5. Full name of national or international labor organization)	ation, give full name, including local name and numbers IP code)	4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a-lebor Tel. No. 202-497-5413 23 37 37 37 37 37 37 37 37 37 37 37 37 37
3. Full name of party filing charge (if labor organizal International Brotherhood of Tear International Brotherhood of Tear International Brotherhood of Tear International State, and Zing Sassa Cherry Avenue, 2 nd Floor Long Beach, CA 90807 Strull name of national or international labor organization) 5. DECLARATION International Inter	ation, give full name, including local name and numbers IP code) nization of which it is an affiliate or constituent unit (4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is fiee by e-lebor OSR OSR Tel. No. 202-497-5413
3. Full name of party filing charge (if labor organizal International Brotherhood of Tear 4a. Address (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a	ation, give full name, including local name and numbers IP code) nization of which it is an affiliate or constituent unit (nd that the statements are true to the best of Michael W. Parker, Staff	4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by e-lebor SR Color R Color
3. Full name of party filing charge (if labor organiz International Brotherhood of Tear 4a. Address (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	ation, give full name, including local name and numbers IP code) Inization of which it is an affiliate or constituent unit (Ind that the statements are true to the best of Michael W. Parker, Staff Organizer	4b. Tet. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a lebor OSR Tel. No. 202-497-5413 Office, if any, Cell No. 202-497-5413
3. Full name of party filing charge (if labor organiz International Brotherhood of Tear 4a. Address (street and number, city, state, and Z 3888 Cherry Avenue, 2 nd Floor Long Beach, CA 90807 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief. By: (signature of representative or person making companization)	nsters (P code) nization of which it is an affiliate or constituent unit (md that the statements are true to the best of Michael W. Parker, Staff Organizer Print Name and Title	4b. Tel. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a lebor Tel. No. 202-497-5413 Office, if any, Cell No. 202-497-5413
3. Full name of party filing charge (if labor organizal International Brotherhood of Tear state and State	ation, give full name, including local name and numbers IP code) Inization of which it is an affiliate or constituent unit (Ind that the statements are true to the best of Michael W. Parker, Staff Organizer	4b. Tet. No. 4c. Cell No.202-497-5413 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by e-lebor Tel. No. 202-497-5413 Office, if any, Cell No. 202-497-5413

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S C 351Z

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-111951	8-23-13

INST	r Di i	CT	m	ME:

File en original with NLRB Regional Director for the region in which th		ng.
	GAINST WHOM CHARGE IS BROUGHT	b. Tal. No.
a. Name of Employer		502/924.9581
College Hospital Cerritos		c. Cell No.
1.04	Section December 16:4	f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Maíl
10802 Cerritos Pl., Cerritos, CA 90703	Holly Risha, VP HR	hollyr@collegehospitals.com
		h, Number of workers employed applox. 65
 Type of Establishment (factory, mine, wholesaler, etc.) Psychiatric hospital 	J. Identify principal product or service Mental health services	
k. The above-named empty rhas engaged in and is engaging subsections) 8(6) (3)		ction 8(a), subsections (1) and (list por Relations Act, and these unfair labor
practices are prectices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	ig of the Act, or these unfair labor practices are un	·
2. Basis of the Charge (set forth e clear and concise statement	of the facts constituting the alleged unfair labor pr	ractices)
Within the past six mon Act by discriminating Comments (1000)	iths, the Employer has	violate) The
Act by discriminating	against (D) (6), (B)	$(7)(C)$ $f_{\circ C}$
Comments (DIO) made	white acting in a	Union Const
	1	apacity.
		·
3. Full name of party filing charge (if labor organization, give full	I name, including local name and number)	
SEIU Local 121RN		
4a. Address (Street and number, city, state, and ZIP code)		^{4b. Tel. No.} 626/639.6200
		4c. Cell No.
1040 Lincoln Ave., Pasadena, CA 91103		4d. Fax No.
		4e. e-Mail
Full name of national or international labor organization of with organization) SEIU	nich it is an affiliate or constituent unit (to be filled	In when charge is filed by a labor
DECLARATION declare that I have read the above charge and that the statements		Tel. No.
by / Vianyamore Serion / PC	ranne Salm, Research Director	Office, If any, Cell No. 562/900.2558
(signature of representative or person making chilinge)	(Printllype name and title or office, if any)	Fax No.
	Ana . 23.13	e-Mail
Address 1040 Lincoln Ave., Pasadena, CA 91103	(date)	salmm@seiu121RN.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND (MPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (MLRB) in processing unfair labor practice and related proceedings or Illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-111956	08-23-2013

INSTRUCTIONS:

I LIMI LOTLIN	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	AGAINGT WHOM CHARGE IS BROOGHT	b. Tel. No. (323) 734-8399
Service Employees International Union Local 2005 (United Health Care Workers West)		
		c. Cell No. (323) 215-8024
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (323) 278-9926
5480 Ferguson Drive	Chokri Bensaid	g. e-Mail
Los Angeles, CA 90022		cbensaid@seiu-uhw.org
		h. Number of workers employed 100
i. Type of Establishment (factory, mine, wholesaler, etc.) Labor Union	j. Identify principal product or service Labor Representatives	
k. The above-named employer has engaged in and is engagi		ection 8(a), subsections (1) and (list
subsections) AA1 and AA3		bor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	ning of the Act, or these unfair labor practices are t	
Basis of the Charge (set forth a clear and concise stateme		practices)
The Employer (A Labor Union) has Suspender	[2] 사람이 하는 사람은 살아왔다면 하는 것이 되었다면 하셨습니다. 그래 살아 있는 것은 나타 하나 하나 없다면 하다.	SECURITION AND ADMINISTRATION OF PROPERTY OF THE PROPERTY OF T
opinion to other Union Members during on	그리고 있는데 그 그 사람들이 그 아니라 나는 그리고 있는데 그리고 있다면 하는데 그리고 있다면 하는데 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 하는데 없다면	3. (1.4) 그는 그림 그는 그림으로 보고 있다면 보고 있다. 그는 그를 모르는 그를 보고 있다. 그를 보고 있다.
2). The Employer (A Labor Union) issued a direct		
respond to any members of the union (SEIU-UH)	영화 교통이 그 전문 그는 경기를 하면 하고 있다. 다른 그렇게 하는 것이 되었다면 하다며 했다.	
allegations set forth.	rey for any reason and to not alsouss ong	ong investigation due to the
anegations set forth.		
 Full name of party filing charge (if labor organization, give Local 399 Staff Union 		
70	full name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	I at the second
1012 W. Beverly Blvd. Suite 336		4b. Tel. No.
[2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	full name, including local name and number)	4b. Tel. No. 4c. Cell No.
#1 (A) - (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	full name, including local name and number)	Tarana and the same and the sam
2 (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	full name, including local name and number)	4c. Cell No. 4d. Fax No.
To 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 - 1.7 -	full name, including local name and number)	4c. Cell No.
Montebello, CA 90640		4c. Cell No. 4d. Fax No. 4e. e-Mail
#1 (A) - (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		4c. Cell No. 4d. Fax No. 4e. e-Mail
Montebello, CA 90640 5. Full name of national or international labor organization of organization) N/A 6. DECLARATION	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No.
Montebello, CA 90640 5. Full name of national or international labor organization of organization) N/A 6. DECLARATION I declare that I have read the above chame and that the statements	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor
Montebello, CA 90640 5. Full name of national or international labor organization of organization) N/A 6. DECLARATION (b) (6), (b) (7)(C)	which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No.
5. Full name of national or international labor organization of organization) N/A 6. DECLARATION (declare that I have read the above charge and that the statements)	which it is an affiliate or constituent unit <i>(to be fille</i>) ON nts are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of organization) N/A 6. DECLARATION (b) (6), (b) (7)(C) making charge)	which it is an affiliate or constituent unit (to be filled on the best of my knowledge and belief. (6), (b) (7)(C) (Print/type name and title or office, if any)	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No.
Montebello, CA 90640 5. Full name of national or international labor organization of organization) N/A 6. DECLARATION (b) (6), (b) (7)(C) B	which it is an affiliate or constituent unit <i>(to be fille</i> ON ints are true to the best of my knowledge and belief. (6), (b) (7)(C)	4c. Cell No. 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

SORM EYEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT ONDER 44 0.3.0. 3312
	E IN THIS SPACE
Case 21-CA-112190	Date Filed 8-26-13
L	لإر

INSTRUCTIONS:

File an original with NLRB Regional Director for the Region In which the alleged unfair labor practice occurred or is occurring

1 EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT	
a Name of Employer		b. Tel. No (949) 388-0342
Millennium Reinforcing, Inc.		c. Cell No
,		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
1 Morning Wood Drive Laguna Niguel, CA 92677	Matthew Taylor, President	h. Number of workers employed
,		
	1 1 1 1 1	
. Type of Establishment (factory, mine, wholesaler, etc.)	. Identify principal product or service	
ISteel Reinforcing	Steel Reinforcing	
k. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning	ng of section 8(a), subsections (1)
subsections) (3) of the National Lebor Relations Act, and		
meaning of the Act, or these unfair labor practices are unl		
Basis of the Charge (set forth a clear and concise statem)	ent of the facts constituting the elleged unfal	r (abor practices)
Within the last six months the above named employer has discri	iminated against employees on account of their	union and/or protected activity.
·		
Full name of party filing charge (if lebor organization, give	e full name, including local name and number,	
District Council of Iron Workers of the State of California and	Vicinity	
4a. Address (Street end number, city, state, and ZIP code)		4b Tel. No. (510) 724-9277
1660 San Pablo Avenue, Suita C Pinole, CA 94564		4c. Cell No
		4d. Fax No. (510) 724-1345
		Nd. 18x No. (510) 724-1343
		4e. e-Mail
5. Full name of national or International labor organization of	which it is an affiliate or constituent unit (to b	e filled in when charge is
filed by a labor organization)	·	
International Association of Bridge, Structural, Ornamental a	no Reinforcing Iron Workers, AFL-GIO	
6 DECLARATION		Tel. No (510) 337-1001
I declare that I have read the above charge and that the statements and belief.	s are true to the best of my knowledge	Office, if any, Cell No.
By _ UUIN	David A, Rosenfeld	Fax No (510)337-1023
(signature of representative or person making charge)	(PrintAype name and title or office, if any)	e-Mail
Address: 1001 Marina Village Parkway, Suite 200 Alameda, GA 9450	08/26/2013	
	(dete)	
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE	PLINISHED BY FINE AND IMPRISONMENT (1) \$	CODE TITLE 18 SECTION 1904)

PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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<u>i</u>	DO NOT WRITE	IN THIS SPACE	
Case		Date Filed	
21-CA	-112524	09-03-2013	}

CHARGE AGAINST EMPLO	JYER OF	36	Date i lieu
NSTRUCTIONS:		1-CA-112524	09-03-2013
lle an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occ		occurred or is occurring.	- Indiana in the second
1. EMPLOYER	AGAINST WHOM CHARG	E IS BROUGHT	
a. Name of Employer		i	^{b. Tel, No.} 949-261-1234 et. 251
Commercial Cleaning Systems (CCS)			
			c. Cell No. 949-370-8862
- minimized data, mar a par a			f. Fex No. 949-261-8604
d. Address (Street, city, state, and ZIP code)	e. Employer Representativ	-	
91406 Arminta Street	Dana Holladay		g. e-Mail dholladay & commercial
Van Nuys, CA 91406	Senior Vice Presiden	ıt _	cleaning systems or
	l		h. Number of workers employed Many
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product		The second secon
Janitorial Contractor	Janitorial Cleaning Se		
k. The above-named employer has engaged in and is engagir	ng in unfair labor practices withl	n the meaning of section	8(a), subsections (1) and (fist
subsections) (5)	-	of the National Labor R	telations Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization		abor practices are unfair	practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting the a	ileged unfair labor practic	ces)
The employer suspended two employees at their			-
participated in a concerted Union activities. Further			_
above referenced job site, even after the Union ha	as proposed remedies to	the reduction. This	reduction was implemented
in June 2013.			
	,		
3. Full name of party filing charge (if lebor organization, give f	full name, including local name :	and number)	
SEIU United Service Workers West		,	
		· · 	
4a. Address (Street and number, city, state, and ZIP code)		46.	^{Tel. No.} 213-284-7705
828 West Washington Blvd.		4c.	Cell No. 640 042 2754
Los Angeles, CA 90015			619-942-2754
		4d.	Fax No. 213-284-7725
		4e.	e-Mail
		he	ctor.flores@seiu-usww.org
5. Full name of national or international labor organization of v	which it is an affiliate or constitu	ent unit (to be filled in wi	nen charge is filed by a labor
organization) Service Employees International Union	n		

6. DECLARATIO		i	No. 213-284-7705
I declare that I have read the above charge and that the statement		edge and belief.	213-204-7703
\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	HECTOR FLERTS		ce, if any, Cell No.
(signature of representative or person making charge)	ChANITER/KESE		9-942-2754
(signature of representative of person making charge)	(Print/type name and title or office,	r ariy) Fax	No. 213-284-7725
1			
070 W W W W W W > 1	0 (.0 600.0	a/2/2017	ctor.flores@seiu-usww.org
Address 828 W. WASHINHTON BLUD L	14 MA -10012	/ (patc)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-112907 09-06-2013

		21-CA-112907	09-06-2013	
File an original of this charge with NLRB Regiona			ing.	
	EMPLOYER AGAINST WHOM CHARGE I			
a Name of Employer		b. Tel No	12.5	
College Hospital, Cerritos			562-924-9581	
	T = 7 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	c. Cell No.		
d. Address (street, city, state ZIP code)	e, Employer Representative	f Fax No.		
10802 College Place	Holly Risha	562-809-091	81	
Cerritos, CA 90703	Director of HR	g e-Mail		
		h. Dispute Local Cerritos, C.	tion (City and State) A	
1 Type of Establishment (factory, nursing home,	J Principal Product or Service	k. Number of wo	rkers at dispute location	
hotel)				
Hospital	Health Care Services			
Within the six months immediately performed its officers and/or agents violately performed its officers and/or agents violately in their protected concerted activities, such activities. The employer, by and through its officers when it unilaterally changed an estaunlawfully disciplined the workers performed in the Union notice and an opportunity. The Union and the employer are based in the Union and the Union	plated Sections 8(a)(1) and 8(a)(b) (6), (b) (7)(C) in retaliation for and in order to discourage other ficers and/or agents, also violate blished practice/policy in the woursuant to the aforesaid unilaterate bargain about the proposed orgaining their first contract.	(3) of the Act when it or their union activities bargaining unit mented Sections 8(a)(1) a rkers' unit at the facility implemented politicipline.	terminated bargaining es and in retaliation for nbers from engaging in and 8(a)(5) of the Act fility and when it	
SEIU UNITED HEALTHCARE WORK				
4a Address (street and number, city, state, and Z	IP code)	4b. Tel. No.	200	
5480 Ferguson Drive		(323) 734-8	3399	
Los Angeles, CA 90022		4c. Cell No.		
		4d Fax No	520	
		(323) 721-3 4e e-Mail	5538	
5. Full name of national or international labor orga	prization of which it is an affiliate or constitue		charge is filed by a labor	
organization) Service Employees International Unio		silt dilit (to be illied ill when	charge is med by a labor	
6. DECLARATION		Tel. No.		
I declare that I have read the above charge a my knowledge and belief.	and that the statements are true to the be-			
B/Wamul f. Roe			001	
(signature of representative or person making)	Manuel A. Boigues, Atto	rney Office, if any, Ce	227	
7	707	rney Office, if any, Ce	227	
	707	Fax No.	II No.	
Address: 1001 Marina Village Pkwy., St	harge) Print Name and Title	mey	II No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-113236 9-12-13

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROWN	occurred or is occurring.	
a, Name of Employer	EMPLOYER AGAINST WHOM CHARGE IS BROKE	b Tel No.	
Windsor Gardens Convalescent Center of Anaheim		714-826-8950	
VIIIIOOO, GAIGOID COMPCISCONI COM		c, Cell No.	
d Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
3415 West Ball Road	Josh Sable	714-229-9437	
Anaheim, CA 92804	1000	g. e-Mail	
1			
		h. Dispute Location (City and State)	
		Anaheim, CA	
Type of Establishment (factory, nursing home,	J. Principal Product or Service	k. Number of workers at dispute location	
hotel) Skilled Nursing Facility	Health Care		
Skilled Nursing Facility	nealli Cale		
wifair labor practices are unfair practices affecting 2. Basis of the Charge (set forth a clear and concil.) Within the last six months immediately employer, by and through its office of the Act by failing and refusing the bargaining unit members (b) (6), (b) who are also members of the Uniconcerted activities. The Union as 3. Full name of party filing charge (if labor organization).	and the Employer are bargaining a	Postal Reorganization Act. Infair labor practices) Inarge, the above named Ins 8(a)(1), 8(a)(3), and 8(a)(5) Ine Union prior to suspending Is suspending these two workers I iation for their Union protected I first contract.	
SEIU UNITED LONG TERM CARE W			
4a. Address (street and number, city, state, and ZI	P code)	4b. Tel. No.	
2910 Beverly Boulevard		(213) 985-0463	
Los Angeles, CA 90057		4c. Cell No.	
		(213) 368-0687	
		4e, e-Mall	
5, Full name of national or international labor organization) Service Employees International Union	nization of which it is an affiliate or constituent unit (
6. DECLARATION		Tel, No.	
	nd that the statements are true to the best of	(510) 337-1001	
By Manuel A Roigne	Manuel A. Boigues, Attorney	Office, if any, Cell No.	
(signature of representative or person making ch	narge) Print Name and Title	Fax No.	
		(510) 3371023	
Address: 1001 Marina Village Pkwy., Ste Alameda, CA 94501	e. 200 Date: 9/11/2013	e-Mail	
	2. 200 Date: 9/11/2013		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register. 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Fax:9095998655

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-901 (2-08)

Address

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-113442	9-16-13	

CHARGE AGAINST EMPLUT	EK	Case		Date Filed
INSTRUCTIONS:		21-CA-113442		9-16-13
File an original with NLRB Regional Director for the region in which th				
1. EMPLOYER A	GAINST WHOM CHA	RGE IS BROUGHT		
a. Name of Employer Fountain Valley Regional Hospital & Medical Cents	NF.		b. Te	el. No. (714) 966-8090
Fountain Valley Regional Hospital & Medical Center		c. Ce	all No.	
			f. Fa	x No.
d. Address (Street, city, state, and ZIP code) 17100 Euclid St.	e, Employer Represer Tim Howard Chie	ntative of Human Resources	g. e-i	Mail
Fountain Valley, CA 92708	Officer	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
1 33.112.11				.howard@tenethealth.com
			h. Ni	umber of workers employed approximately 900
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal pro Health Care	duct or service		
k. The above-named employer has engaged in and is engaging	in unfair labor practices	within the meaning of section	on 8(a).	subsections (1) and (list
subsections) (3)		of the National Labor	Relatio	ons Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	-			*
Basis of the Charge (set forth a clear and concise statement)	of the facts constitution t	he alleged unfair labor orac	tices)	
Within the past six months, Employer, through its n		•		fered with restrained
and coerced employees in the exercise of their right	•	- ·		•
(1) maintaining an unlawful Social Media Policy for				` ' '
conditions of employment; and (2) discriminating in		, .		•
membership in a labor organization when Employe	•			
		· · ·		
concerted activities of discussing employment terms and conditions on Facebook page, pursuant to Employer's				
unlawful Social Media Policy. By these and other similar acts, Employer has violated NLRA Sections 8(a)(1) and (3).			ons o(a)(1) and (5).	
 Full name of pany filing charge (If labor organization, give full Fountain Valley Professional Association, United N 	name, including local n	erie and number)	Healt	h Cara Professionals
NUHHCE, AFSCME, AFL-CIO	mises Associations	or canomaromon or	псац	Ji Cale Piviessiviiais,
4a. Address (Street and number, city, state, and ZIP code)			b. Tel.	No
				909-451-0500
955 Overland Court, Suite #150 San Dimas, CA 91773-1718		4	c. Cell	No.
		4	d. Fax	^{No.} 909-599-8655
		4	e. e-Me	ail
5. Full name of national or international labor organization of wi	nich it is an affiliate or co	nstituent unit (to be filled in	when r	charge is filed by a labor
organization) United Nurses Associations of Californi	a/Union of Health C	are Professionals, NU	HHC	E, AFSCMÉ, AFL-CIO
DECLARATION I declare that I have read the above charge and that the statements		1	el. No.	909-599-8622
- 200- 2 plant time a rade the coard alle ide and time the pipelines				
By (X)	Demidovich, Gener	al Counsel	rffice, if	fany, Cell No.
(signature of representative or person making charge)	Printrype name and tille or	office, if any)	ax No.	909-599-8655
		0/40/0043	-Mail	
955 Overland Court, Suite #150: San Dimae	CA 91773_1718	9/16/2013	ica D	lemidovich@unacuhen ora

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

P. 02

INTERNET FORM NLR8-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-113548	9-17-13	

lle an original with NLRB Regional Director for the region in which 1. EMPLOYER	h the alleged unfair labor practice occurred or la	
I. ENIPLUTER	ACAINET MUOM CHARGE IS BROLL	
a. Name of Employer	RAGAINST WHOM CHARGE IS BROU	b. Tel. No 213-765-7805
ABLE, Building Maintenance		213-765-7603
ADEL, building wainterioride		c. Cell No. 213-798-1181
		f. Fax No. 213-763-0514
d. Address (Street, city, state, and ZIP code) 2601 S. Figueroa	e. Employer Representative Joshua Martinez	g. e-Mail
Los Angeles CA 90007		joshua.martinez@ableserve.c
		h. Number of workers employed 500+
i Type of Establishment (factory, mine, wholesaler, etc.) Contractor	j. Identify principal product or service Janitorial	
k. The above-named employer has engaged in and is engagi	Ing in unfair labor practices within the meaning	ng of section B(a), subsections (1) and (list
subsections)	of the Natio	onal Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	_	es are unfair practices affecting commerce
2 Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair	(abor practices)
Within the last 6 months the employer has engag	• •	· ·
representative (Company Supervisor) at this local	•	,
discipline (b) (6), (b) (7)(C)in what we have dete		
olderpaire to 7 to 70 to	cirrilled to be reprisals for a labor di	aspate at this location.
2. Full page of party files charge (if labor experientes give		11188888888888
3. Full name of party filing charge (if labor organization, give Luis Fuentes, Service Employees International U	full name, including local name and number) Inion-United Service Workers West	,
3. Full name of party filing charge (if labor organization, give Luis Fuentes, Service Employees International U	full name, including local name and number) Inion-United Service Workers West	(SEIU-USWW)
3. Full name of party filing charge (if labor organization, give Luis Fuentes, Service Employees International U	full name, including local name and number) Inion-United Service Workers West	Ab Tol No.
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number) Inion-United Service Workers West	4b. Tel. No. 213.784.7705
11 Ft 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	full name, including local name and number) Inion-United Service Workers West	Ab Tol No.
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd.	full name, including local name and number) Inion-United Service Workers West	4b. Tel. No. 213.784.7705
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd.	full name, including local name and number) Inion-United Service Workers West	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725=
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015		4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of		4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of	which it is an affiliate or constituent unit (to b	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725. 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of	which it is an affiliate or constituent unit (to b	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail Luis.fuentes@seiu-usww.org be filled in when charge is filled by a Tabor EIU-USWW)
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of	which it is an affiliate or constituent unit (to bon-United Service Workers West (SE	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725. 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of organization) Service Employees International Unio	which it is an affiliate or constituent unit (to bon-United Service Workers West (SEON) ON nts are true to the best of my knowledge and beli	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725. 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of organization) Service Employees International Unic 6. DECLARATIO I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be on-United Service Workers West (SEON and the best of my knowledge and believed the property of the best of the	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of organization) Service Employees International Unic 6. DECLARATIO I declare that I have read the above charge and that the statements	which it is an affiliate or constituent unit (to bon-United Service Workers West (SEON) ON nts are true to the best of my knowledge and beli	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail
4a. Address (Street and number, city, state, and ZIP code) 828 W. Washington Blvd. Los Angeles, CA 90015 5. Full name of national or international labor organization of organization) Service Employees International Unic 6. DECLARATIO I declare that I have read the above charge and that the statements	which it is an affiliate or constituent unit (to be on-United Service Workers West (SEON and the best of my knowledge and believe of the best of my knowledge and beli	4b. Tel. No. 213.784.7705 4c. Cell No. 323.253.4042 4d. Fax No. 213.284.7725 4e. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	0.00007.000	101355		
FORM	EXEMPT	UNDER	44 U.S	C 3512

DO NOT WRITE IN THIS SPACE		
Case 21-CA-113672	Date Filed 9-18-13	

NSTRUCTIONS: file an original with NLRB Regional Director for the region i	n which the alleged unfair labor practice occurred or is occ	eurring.
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 213 244 3006
Southern California Gas Company		c, Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	i. Par No.
	10 11 01 05 15 1	g. e-Mail
555 West 5th Street	Leonard Prymus	
Los Angles, CA 90013		h. Number of workers employed 5,000
. Type of Establishment (factory, mine, wholesaler, etc Utility	j. Identify principal product or service Natural Gas	
subsections) 3	e meaning of the Act, or these unfair labor practices are	Labor Relations Act, and these unfair labor
2 Basis of the Charge (set forth a clear and concise s	latement of the facts constituting the alleged unfair labo	r practices)
Utility Workers Union of America, Local 132	AFL-CIO	
a. Address (Street and number, city, state, and ZIP co	de)	4b. Tel. No. 562 696 0142
525 N Cabrillo Park Drive Santa Ana, CA 92701		4c. Cell No.
		4d. Fax No. 562 595 0374
		4e. e-Mail nancylogan@uwua132.org
 Full name of national or international (abor organization) Utility Workers Union of America 	fion of which it is an affiliate or constituent unit (to be fill I, AFL-CIO	ed in when charge is filed by a labor
5. DECLA I declare that I have read the above charge and that the st		Tel. No. 323 717 5526
Nancy Logan	Nancy Logan	Office, if any, Cell No. Union Secretary-Treasurer
(signature of representative or person making charge)	(Printitype name and title or office, if any)	Fax No. 562 696 0374
	9/18/2013	e-Mail
525 N Cabrilo Park Drive, Santa Ana,	9/18/2013	The second secon

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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CHARGE ATTACHMENT

On or about May 24, 2013 the above named Employer, by (b) (6), (b) (7)(C) discriminated against union supporters with anti-union animus towards employees and threatened employees because of activities on behalf of the Union, and coerced employees in the exercise of their Section 7 rights.

On or about July 24, 2013 the above named Employer, by its officers, agents and representatives discriminated against a (b) (6), (b) (7)(C) out of the Aliso Viejo location with the knowledge of employee's union support and because of activities on behalf of the Union, coerced employee in the exercise of Section 7 rights.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS;

DO NOT WRITE IN THIS SPACE

Case Date Filed

21-CA-114364 9-27-13

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of	coursed or is occurring.	
1.	EMPLOYER AGAINST WHOM CHARGE IS BROL	JGH I	
a. Neme of Employer		b. Tel. No.	
Citrus Wellness Center, LLC d/b/a Alta Vista Healthcare		951-688-8200	
		c, Cell No.	
d. Address (street, city, state ZIP code) e. Employer Representative		f. Fax No.	
9020 Garfield Street Micah Reed Riverside, CA 92503 Administrator			
		g. e-Mail	
1110210102, 01102000	7.12.17.13.13.13.	MRhead@rockporthc.com	
		h. Dispute Location (City and State)	
		Riverside, CA	
12 72 1 12 7 12 7	1.55 (1		
Type of Establishment (factory, nursing home,	J. Principal Product or Service	k. Number of workers at dispute location	
hotel)	11-04 0		
Skilled Nursing Facility	Health Care		
	I be a second for a configuration to the second sec	as of section 9(a) subsections (4) and (3) of the	
i. The above-named employer has engaged in ani	is engaging unfair labor practices within the mean	ing or section 8(a), subsections (1) and (3) or the	
	or practices are practices affecting commerce within		
	within the meaning of the Act and the Postal Reorg		
2. Hasis of the Charge (set forth a clear and conci	se statement of the facts constituting the alleged un	rair labor practices)	
and the second s	and the second s	A Committee of the Comm	
Within the six months immediatel	y preceding the filing of this charge	e, the above-named employer, by	
and through its officers and/or ag	ents, violated Sections 8(a)(1) and	8/a)/3) of the Act when it	
retaliated against (b) (6), (b) (7)(C	by narassing by	y targeting only for surveillance	
regarding work, and by issuin	g two disciplines to one in a 3-day	period. The employer is engaging	
in this rotaliston, conduct because	a of (I-) (C) (I-) (Z)(C) union activitia	a including without limitating 000.000	
	e of (b) (6), (b) (7)(C) union activitie	s, including, without limitation,	
work as a (b) (6), (b) (7)(C)			
N 10 10 10 10 10 10 10 10 10 10 10 10 10			
3. Full name of party filing charge (if labor organization)	ation, give full name, including local name and number	had.	
SEIU UNITED LONG TERM CARE W		Der)	
48. Address (street and number, city, state, and Z	ORKERS	Der)	
2910 Beverly Boulevard			
		4b. Tel. No (213) 985-0463	
Los Angeles, CA 90057		4b. Tel. No (213) 985-0463	
		4b. Tel. No (213) 985-0463	
		4b. Tel. No (213) 985-0463 2 0 4c. Cell No. S 4d. Fax No. P (213) 368-0687 2	
Los Angeles, CA 90057	P code)	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 4e. e-Mail	
Los Angeles, CA 90057 5. Full name of national or international labor organical control of the		4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 4e. e-Mail	
Los Angeles, CA 90057 5. Full name of national or international labor organorganization)	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 4e. e-Mail	
Los Angeles, CA 90057 5. Full name of national or international labor organical control of the	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Los Angeles, CA 90057 5. Full name of national or international labor organorganization)	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 4c. Cell No. V3 4d. Fax No. (213) 368-0687 4e. e-Mail To be filled in when charge is filed by e-labor	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 3 0 4c. Cell No. 90 4d. Fax No. (213) 368-0687 2 4e. e-Mail To be filled in when charge is filed by e-labor	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 4e. e-Mail to be filled in when charge is filed by a labor Tel. No.	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 3 0 4c. Cell No. 90 4d. Fax No. (213) 368-0687 2 4e. e-Mail To be filled in when charge is filed by e-labor	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and boller.	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 3 0 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by e-lebor Tel. No. (510) 337-1001	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a	P code) nization of which it is an affiliate or constituent unit (4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 4e. e-Mail to be filled in when charge is filed by a labor Tel. No.	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and boller. By Manual Ascess	P code) nization of which it is an affiliate or constituent unit (nd that the statements are true to the best of Manuel A. Boigues, Attorney	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by e-labor Tel. No. (510) 337-1001 Office, if any, Cell No.	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and boller.	P code) nization of which it is an affiliate or constituent unit (nd that the statements are true to the best of Manuel A. Boigues, Attorney	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by a labor Tel. No. (510) 337-1001 Office, if any, Cell No.	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and boller. By Manual Ascess	P code) nization of which it is an affiliate or constituent unit (nd that the statements are true to the best of Manuel A. Boigues, Attorney	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by e-labor Tel. No. (510) 337-1001 Office, if any, Cell No.	
5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and bollet. By Manual Society (signature of representative or person making cl	nization of which it is an affiliate or constituent unit (In that the statements are true to the best of Manuel A. Bolgues, Attorney Print Name and Title	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by e-labor Tel. No. (510) 337-1001 Office, if any, Cell No. Fax No. (510) 3371023	
Los Angeles, CA 90057 5. Full name of national or international labor organization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge a my knowledge and boller. By Manual Ascess	nization of which it is an affiliate or constituent unit (In that the statements are true to the best of Manuel A. Bolgues, Attorney Print Name and Title	4b. Tel. No (213) 985-0463 4c. Cell No. 4d. Fax No. (213) 368-0687 2 4e. e-Mail to be filled in when charge is filed by a labor Tel. No. (510) 337-1001 Office, if any, Cell No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INTERNET FORM NURB 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDLESTINGS COMAN

DO NOT WRITE IN THIS SPACE

Case

Date Filed

21-CA-114433

9-30-13

NSTRUCTIONS: ile an original with NLRB Regional Director for the region in whic		
	h the alleged unfair labor practice occurred or is occu	irring
1 EMPLOYER	RAGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		D Tel No. 877-687-2862
Casino Pauma		1
		c. Cell Na
to the manager of the second o		Fax No 760-742-8677
d Address (Street, city, state, and ZIP code) 777 Pauma Reservation Road	e Employer Representative Annelle Lerner, HR Director	g e-Mail
P.O Box 1067	1800000	
Pauma Valley, CA 92061	4	h Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Casino	, Identify principal product or service Food, beverage, hotel rooms, gamble	
k The above-named employer has engaged in and is engagi	Law 117 million to Charleson Laws Allendar in 1994	THE RESERVE AS PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR
subsections) (3)		abor Relations Act, and these unlair labor
practices are practices affecting commerce within the mea		
within the meaning of the Act and the Postal Reorganization		ornar practices offecting commerce
2 Basis of the Charge (set forth a clear and concise stateme		practices)
Within the past six months, the above-named Em		
	나를 보고 있다면 살아왔다. 그는 사람들이 아이들이 하면 가게 되었습니다. 그 없는데 그리고 나를 하고 있다.	
of Section 7 rights and discriminated against emp	ployees because of their support for the i	Charging Party by giving present
3 Full name of party filing charge <i>it labor organization, give</i> UNITE HERE International Union	full name, actuding local name and number)	
ta Address (Street and number, city, state and ZIP code)		4b Tel No nan 205 7000
		4b Tel No 212-265-7000
275 Seventh Avenue.		4b Tel No 212-265-7000 4c Cell No
275 Seventh Avenue.		212-265-7000
275 Seventh Avenue.		4c Cell No
275 Seventh Avenue, New York, NY 10001-6708		4c Cell No 4c Fax No 212-265-3415 4e. e-Mail
275 Seventh Avenue, New York, NY 10001-6708 5 Full name of national or international labor organization of		4c Cell No 4c Fax No 212-265-3415 4e. e-Mail
275 Seventh Avenue, New York, NY 10001-6708 5 Full name of national or international labor organization of organization UNITE HERE International Union 6. DECLARATIO	which it is an affiliate or constituent unit (to be filled	4c Cell No 4c Fax No 212-265-3415 4e. e-Mail
275 Seventh Avenue. New York, NY 10001-6708 5 Full name of national or international labor organization of organization. UNITE HERE International Union 6. DECLARATIO 1 declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be filled) No. It is are true to the pest of my knowledge and belief	4c Cell No 4c Cell No 4c Fax No 212-265-3415 4e. e-Mail d in when charge is filed by a labor Tel No
275 Seventh Avenue, New York, NY 10001-6708 5 Full name of national or international labor organization of organization) UNITE HERE International Union 6. DECLARATIO I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be filled IN Is are true to the best of my knowledge and belief stin L. Martin - Davis, Cowell & Bowe	4c Cell No 4c Fax No 212-265-3415 4e. e-Mail Tel No 415-597-7200 Office, if any, Cell No
275 Seventh Avenue. New York, NY 10001-6708 5 Full name of national or international labor organization of organization. UNITE HERE International Union 6. DECLARATION of the declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be filled) No. It is are true to the pest of my knowledge and belief	4c Cell No 4c Cell No 4c Fax No 212-265-3415 4e e-Mail d in when charge is filed by a labor Tel No 415-597-7200
275 Seventh Avenue, New York, NY 10001-6708 5 Full name of national or international labor organization of organization UNITE HERE International Union 6. DECLARATIO I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be filled like) It is are true to the best of my knowledge and belief stin L. Martin - Davis, Cowell & Bowe (Pantitype name and title or office of any):	4c Cell No 4c Fax No 212-265-3415 4e. e-Mail Tel No 415-597-7200 Office, if any, Cell No
6. DECLARATIO I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be filled to like the structure to the best of my knowledge and belief stin L. Martin - Davis, Cowell & Bowe (Printitype name and site or office if any)!	4c Cell No 4c Fax No 212-265-3415 4e. e-Mail In when charge is filed by a labor Tel No 415-597-7200 Office, if any, Cell No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501 (11-94)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C. 3512	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-115431	10-23-13	

INSTRUCTIONS:

4 EVELOVE	ER AGAINST WHOM CHARGE IS BROUGHT	
	ER AGAINST WHOM CHARGE IS BROUGHT	b. Number of Workers Employed
a. Name of Employer STG International		15
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. 703-578-6030 X 264
99 Canal Center Plaza, Suite 500 Alexandria, VA 22314	Marcia Euwema	Fax No. 866-905-3679
f. Type of Establishment (factory, mine, wholesaler, etc.) Medical service for the Federal Government	g. Identify Principal Product or Service Provides medical service at Immigrati	on Detention center.
 h. The above-named employer has engaged in and is engaging is subsections) 8(a)(1)(3) 	of the National Labor	n 8(a), subsections (1) and (list Relations Act, and these unfair labor
practices are unfair practices affecting commerce within the n 2. Basis of the Charge (set forth a clear and concise statement		
(b) (c) (c) (c) (c) The company has also violated the act by dis as outlined in the STG International handbook.	cipining employees for caring in Sick within	at reaching the threshold of disciplin
	And a state word - Lorente - Colored	
By the above and other acts, the above-named employer has guaranteed in Section 7 of the Act. 3. Full name of party filing charge of labor organization, give full n		yees in the exercise of the rights
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full n	neme, including local name and number)	yees in the exercise of the rights
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (I lebor organization, give full n Teamsters, Chauffeurs, Warehousemen and Helpers Loc	neme, including local name and number)	
guaranteed in Section 7 of the Act. 3. Full name of party filling charge (if lebor organization, give full name of party filling charge (if lebor organization, give full name for filling charge (if lebor organization, give full name for filling charge (if lebor organization, give full name for filling charge) 4. Address (street and number, city, State, and ZIP Code) 4. Address (organization)	neme, including local name and number)	4b. Telephone No. 3619-582-0542
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (I lebor organization, give full name of party filing charge (I lebor organization, give full name of party filing charge (I lebor organization, give full name feature). 4. Address (street and number, city, State, and ZIP Code). 4. Address (street and number, city, State, and ZIP Code). 4. Address (San Diego, CA 92120.	neme, including local name and number) cal Union 542	4b. Telephone No. 3619-582-0542 Fax No. 619-582-0059
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full n Feamsters, Chauffeurs, Warehousemen and Helpers Loc 4a. Address (street and number, city, State, and ZIP Code)	neme, including local name and number) cal Union 542	4b. Telephone No. 3619-582-0542 Fax No. 619-582-0059
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if lebor organization, give full name of party filing charge (if lebor organization, give full name and Helpers Locale). 4. Address (street and number, city, State, and ZIP Code). 4. Address (street and number, city, State, and ZIP Code). 5. Full name of national or international labor organization of which international Brotherhood of Teamsters.	neme, including local name and number) cal Union 542	4b. Telephone No. 3619-582-0542 Fax No. 619-582-0059 en charge is filed by a labor organization)

INTERNET UNITED STA FORM NURB-501 NATIONAL LABO

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512	
DO NOT WRITE IN THIS SPACE		
Case Date Filed		
21-CA-115910	10-29-13	

INSTRUCTIONS: 21-CA-11351

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

File an original with NLRB Regional Director for the region in which th	e alleged unfair labor practice occurred or is occurre GAINST WHOM CHARGE IS BROUGHT	ng	
a. Name of Employer	SAMST VINON CHARGE IS BROUGHT	b. Tel. No. 310-816-0610	
Green Fleet Systems, LLC		310-010	
		c. Cell No	
		I. Fax No. 210-820-4217	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	310-030-4217	
20500 S Alameda Street		g. a- Mail	
Carson, CA 90221			
		h. Number of workers employed	
Type of Establishment (factory, mine, wholesaler, etc.) trucking and distribution	j. Identify principal product or service trucking and distribution		
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of sec	allon 8(a), subsections (1) and (list	
subsections; 6(a)(1) and 8(a)(3)	of the National Lab	or Relations Act, and these unfair labor	
practices are practices affecting commerce within the meanin within the meaning of the Act and the Postal Reorganization (•	Mair practices affecting commerce	
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pr	actices)	
See attached			
		21	
		LOS A	
		8 2점	
		N - 177	
		يا ق	
3. Full name of party filing charge (if labor organization, give full International Brotherhood of Teamsters Port Division	name, including local name and number)	P : 53	
The state of the s		2 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 202-43925343	
3888 Cherry Avenue Long Beach, CA 90807		4c. Cell No. 202-439-5343	
		^{4d. Fax No.} 562-595-1896	
		4e. e-Meil	
 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Brotherhood of Teamsters 			
6. DECLARATION I declare that I have read the above charge and that the statements	are true to the best of my knowledge and belief.	Tel. No. 202-624-8711	
	Manley	Office, if any, Cell No. 202-437-5357	
(signature of representative or person making charge)	Print/type name and bite or office, if any)	Fax No. 202-624-6884	
25 Louisiana, N.W., Washington, D.C. 20001	10/29/13 (deta)	e-Mail mmanley@teamster.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

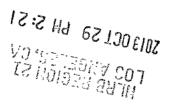
ATTACHMENT GREEN FLEET SYSTEMS, LLC CHARGE OCTOBER 23, 2013

Within the last six (6) months the Employer, acting through its agents and representatives, coerced employees in the exercise of their Section 7 rights by engaging in unlawful surveillance, including videotaping and photographing employees engaged in concerted protected activity;

Within the last six (6) months the Employer, acting through its agents and representatives, has retaliated against employees for their union support and activity, as well as their concerted protected activity by reducing their work hours.

Within the last six (6) months, the Employer, acting through its agents and representatives, has modified its work rules and policies in retaliation for employees' union support and organizing activity and in order to coerce employees in the exercise of their Section 7 rights.

Within the last six months, the Employer, acting through its agents and representatives, has disciplined its employee (b) (6), (b) (7)(C) in retaliation for participation in an unfair labor practice strike.



UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

10.5.0.3512
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INSTRUCTIONS

File an	original	and 4 c	opies of	this	charge 1	with NL	RB R	egional	Director for	r
									la accepta	

the region in which the alleged unfair labor practice occur	red or is occurring.	
a. Name of Employer	GAINST WHOM CHARGE IS BROUGHT	
AMERICAN BUILDING MAINTENANCE	b. Number of workers employed 200 +	
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
5200 S. Eastern Avenue	Mike Sims,	Ph: (323) 720-4020
City of Commerce, CA 90044	Manager	
f. Type of Establishment (factory, mine, wholesaler, etc.) Building maintenance company	g. Identify principal product or se Maintenance services for	
h. The above-named employer has engaged in and is engagin subsection(s) (1) and (3) of the National Labor Relations Adaffecting commerce within the meaning of the Act. Basis of the Charge (set forth a clear and concise statement).	g in unfair labor practices within the meaning ct, and these unfair labor practices are unfair	g of section 8(a), practices
By the above and other acts, the above-named employer the rights guaranteed in Section 7 of the Act.	has interfered with, restrained, and coe	erced employees in the exercise of
 Full name of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 	I name, including local name and number)	
4a. Address (street and number, city, state and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)(C)		Ph: (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of w by a labor organization. N/A	hich it is an affiliate or constituent unit (to be	filled in when charge is filed
I declare that I have read the above charge an	DECLARATION It is that the statements are true to the best of records.	
(b) (6), (b) (7)(C)	Title	An individual
Signature and the state of the		Dut
Address	Telephone No. Ph: (b) (6), (b) (7)(C)	Date C /3
(b) (6), (b) (7)(C)	Fit: (0)(0), (0)(7)(0)	10-29-13

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-116052	10-30-13

NSTRUCTIONS:	21 0/1 1100			
File an original with NLRB Regional Director for the region in which th	e alleged unfair labor practice occurred or is occu	rring.		
1. EMPLOYER A	GAINST WHOM CHARGE IS BROUGHT			
Name of Employer		b. Tel. No. (951) 697-0013		
UNF West, Inc., a/k/a/ United Natural Foods, Inc.		(- 1, - 1 - 1 - 1		
		c. Cell No.		
		f. Fax No (951) 563-2359		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative			
	Libra Comman	g. e-Mail		
22150 Goldencrest Drive	John Owens			
Moreno Valley, CA 92253		h Number of workers employed		
		250+		
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service			
Wholesaler	Food			
k The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list		
subsections) (3)	•	, ,		
		abor Relations Act, and these unfair labor		
practices are practices affecting commerce within the meaning		unfair practices affecting commerce		
within the meaning of the Act and the Postal Reorganization				
2 Basis of the Charge (set forth a clear and concise statement)	of the facts constituting the alleged unfair labor	practices)		
Within the past six (6) months, the Employer discrir	minated against and discharged emplo	ovee (b) (6), (b) (7)(C) because		
of one union and other protected, concerted activities				
union and other protected, concerted detivities	is in violation of occiton o(a)(1) and (o) of the Aot.		
 Full name of party filing charge (if labor organization, give full Teamsters, Chauffeurs, Warehousemen, Industrial 	I name, including local name and number) and Allied Workers of America. Local	166 International Brotherhood of		
Teamsters	and rimed tronters of rimened, 200ar	755, monatona Brothermood of		
		4h Tal No		
4a. Address (Street and number, city, state, and ZIP code)		^{4b} Tel. No. (909) 877-8326		
18597 Valley Boulevard		4c Cell No.		
Bloomington, CA 92316		140 0011 110.		
		4d. Fax No (909) 877-2812		
		(909) 877-2812		
		4e. e-Mail		
5 Full name of national an international labor consciention of the	inh it is an affiliate as appairty and unit the heafile	d in whom aboves in Elad by a labor		
5. Full name of national or international labor organization of whorganization)		d in when charge is filed by a labor		
International Brotherhood of Teamsters				
A DECLARATION		Tel. No.		
DECLARATION I declare that I have read the above charge and that the statements	are true to the hest of my knowledge and helief	(213) 386-3860		
r declare that I have read the above charge and that the statements	are the to the best of my knowledge and belief.	` '		
1 AARIUS	Chah Attaragu	Office, if any, Cell No.		
By V	am Sheh, Attorney (Print/type name and title or office, if any)			
(signature of representative or person making charge)	Fax No. (213) 386-5583			
	10/28/2013	e-Mail		
3550 Wilshire Blvd., Suite 2000, Los Angeles	. CA 90010			
Address	(date)	1		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM	EXEMPT	UNDER	44 U	9.C.	3512

INTERNET FORM NLRB-501 (2.08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
21-CA-116108	10-30-13				

INSTRUCTIONS:

File an original with NLRB Regional Director for the Region in which the elleged unfair labor practice occurred or is occurring

1 EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT			
a. Name of Employer	VIII OI INTOCIO DI TOCOTTI	b. Tel, No,		
, ,				
DIRECTV U.S, DIRECTV Holdings LLC		c Cell No.		
		f. Fax No. (310) 868-1694		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail		
19335 S. Laruel Park Road Rancho Dominguez, CA 90220	Adrian Dimech	h. Number of workers employed		
. Type of Establishment (factory, mine, wholesaler, etc.)	. Identify principal product or service			
T.V. Programming	T.V. Programming			
k The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning	ig of section 8(a), subsections (1)		
subsections) (3) and (5) of the National Labor Relations Athe meaning of the Act, or these unfair labor practices are				
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts constituting the alleged unfai	r labor practices)		
Within the last six months the above named Employer has terminefused to allow the employee Weingarten rights. The Employee the termination.				
4. Full name of party filing charge (if labor organization, give	full name, including local name and number,)		
Machinists District Lodge No. 947				
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 562) 427-8900		
535 West Willow Street Long Beach, CA 90806-2830		4c. Cell No.		
		4d. Fax No. (562) 427-1122		
		4e. e-Mail		
5. Full name of national or International labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) International Union of Mechinists and Aerospace Workers				
6. DECLARATION		Tel. No.(510) 337-1001		
I declare that I have read the above charge end that the statements	Office, If any, Cell No.			
By Astria ICm	Antonio Ruiz, Attorney	Fax No. (510) 337-1023		
(signature of representative or person making charge)	e-Mail			
Address: 1001 Marina Village parkway, Suite 200 Alameda CA 9450	1 October 30, 2013			
	(date)			
	17.60			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

Address

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
21-CA-116403	11-4-13

INSTRUCTIONS:	l
File an original with NLRB Regional Director for the region in which the alleged unfair la	bor practice occurred or is occurring.

	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 310-603-6011
Pacific 9 Transportation, Inc.		
•		c. Cell No.
	_	f. Fax No. 210 602 6012
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	7. Fax No. 310-603-6012
2045 E. Carson Street, Unit B	Chris Vu, President	g. e-Mail
Carson CA 90810		info@pac9.com
		h. Number of workers employed 156
Type of Establishment (factory, mine, wholesaler, etc.) trucking	j. Identify principal product or service trucking	
k. The above-named employer has engaged in and is engagin	ng in unfair labor practices within the meaning of e	ection 8(a), subsections (1) and (list
subsections) 8(a)(1) and 8(a)(3)	of the National L	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization	ning of the Act, or these unfair labor practices are	
2. Basis of the Charge (set forth a clear and concise statemen	nt of the facts constituting the alleged unfair labor	practices)
Within the last six months, the Employer, acting t		'
account of their support for the Union and their co		_
denying union supporters necessary maintenance		•
denying amen opportune independing memoritarion	o and repense one disciplining among dap	portero,
Within the last six months, the Employer, acting to in the exercise of their Section 7 rights by telling to 3. Full name of party filing charge (If labor organization, give	drivers that the Employer would never a	
 Full name of party filing charge (if labor organization, give international Brotherhood of Tearnsters 	,	
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 202-624-8711
25 Louisiana, N.W. Washington, D.C.		4c. Cell No. 202-437-5357
20001		4d. Fax No.
		}
		4e. e-Mail
		4e. e-Mail mmanley@teamster.org
		mmanley@teamster.org
5. Full name of national or international labor organization of organization) International Brotherhood of Teamste 6. DECLARATIO I declare that I have read the above charge and that the statement	rs ON	mmanley@teamster.org
International Brotherhood of Teamste 6. DECLARATIO I declare that I have read the above charge and that the statement	rs ON	mmanley@teamster.org d in when charge is filed by a labor Tel. No.
International Brotherhood of Teamste 6. DECLARATIO I declare that I have read the above charge and that the statement	IN are true to the best of my knowledge and belief.	mmanley@teamster.org d in when charge is filed by a labor Tel. No. 202-624-8711

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(date)

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U,S,C 3512

DO NOT WRITE IN THIS SPACE

Case

Date Filed

INSTRUCTIONS:	21-CA-1174	56 11-19-13
File an original with NLRB Regional Director for the region in which the		ing.
	GAINST WHOM CHARGE IS BROUGHT	1. 7. 1. 744 000 4544 V 5070
a. Name of Employer		b. Tel. No. 714-893-4541 X 5073
Kindred Rehabcare		c. Cell No.
		C. Cell No.
		f. Fax No . 714-893-3407
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	1.12210.117000070
300 Hospital Circle Westminster, CA 92683	Julie Myers McDearmon	g. e-Mail
Westimister, OA 32003		
		h. Number of workers employed
		18
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	
Medical	Healthcare	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of sec	tion 8(a), subsections (1) and (list
subsections) and (3) of the National Labor Relations Act, and th	ese unfair labor practices are practices affecting	commerce within the meaning of the
Act, or these unfair labor practices are unfair practices affecting	g commerce within the meaning of the Act and the	ne Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor	r practices)
• ,	• -	
Within the past six (6) months and during the critical	period, the above named Employer ha	s suspended employee
for support of the charging party. The Employer h	as restrained and coerced employees ir	the exercise of their section 7
rights. The union requests Section 10(j) relief based o	on the severity of the misconduct allege	d and the interference with the
employees' free choice.		
3. Full name of party filing charge (if labor organization, given	ve full name, including local name and numbe	er)
National Union of Healthcare Workers, CNA	_	
4a. Address (Streef and number, city, state, and ZIP code)		4b, Tel. No. 510-834-2009
5801 Christie Ave. Suite 525		
Emeryville, CA 94608		4c. Cell No.
Emery ville, CA 94000		
		4d. Fax No. 510-834-2019
		4e. e-Mail
5. Full name of national or international labor organization of which it	is an affiliate or constituent unit (to be filled in whe	on chame is filed by a labor
organization) NONE	is an anniate of consucuent that to be three in white	and alarge is near by a labor
6. DECLARATION		
I declare that I have read the above charge and that the statements	are true to the best of my knowledge and belief.	Tel, No. 714-282-1179
1-0 -1 0		0/5
By Series North Floric	e Hoffman	Office, if any, Cell No. 626-524-5965
Signature of representative or person making of affige) (P.	int/type name and title or office, if any)	
4		Fax No. 714-282-7918
	Nov. 19, 2013	e-Mail
8502 E. Chapman Ave. Suite 353, Orange, C		fhoffman@socal.rr.com
Address	(date)	• • • • • • • • • • • • • • • • • • • •
		-

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, and SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C. 3612

12/10/2010 12.42

INTERNET FORM NURB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-118694	12-10-13	

INSTRUCTIONS: File an original with NLRS Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Tel. No. (949) 521-3890 Anheuser-Busch Sales, Pomona c, Cell No. f. Fax No. Employer Representative d. Address (Street, city, state, and ZIP code) g. e-Mall 2800 S. Reservoir Street Jim Lukowski Pomona, CA 91766 h. Number of workers employed 24 Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service Alcoholic Beverage Wholesaler k. The above-nemed employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six (6) months, the Employer has violated the Act by creating the impression of surveillance among its employees of the employees' union and other protected concerted activities. Within the past six (6) months, the Employer has violated the Act by threatening to retaliate against an employee because of the employee's union and other protected concerted activities. Within the past six (6) months, the Employer has violated the Act by retaliating against an employee by suspending the employee because of the employee's union and other protected concerted activities. 3 Full name of party filing charge (If labor organization, give full name, including local name and number)
Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166, International Brotherhood of 4b, Tel. No. 4a. Address (Street and number, city, state, and ZIP code) (909) 877-8326 18597 Valley Boulevard 4c. Cell No. Bloomington, CA 92316 4d. Fax No. (909) 877-2812 4e, e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor International Brotherhood of Teamsters Tel. No. 6. DECLARATION (213) 386-3860 I declare that I have read the above charge and that the statements are true to the best of my knowledge and bellef. Office, If any, Cell No. William Sheh, Attorney (signature of representative or person making charge, (Print/type name and title or office, If any) Fax No. (213) 386-5583 e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

3550 Wilshire Blvd., Suite 2000, Los Angeles, CA 90010

12/10/2013

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fallure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-118952	12-12-13	

NICT	roi	ICT.	IONS	

STRUCTIONS:	21 CA 11033	2 12-12-13	
ile an original with NLRB Regional Director for the region in which th	e alleged unfelr labor practice occurred or is occur	ring.	
1. EMPLOYER AG	AINST WHOM CHARGE IS BROUGHT		
a. Name of Employer	b. Tel. No. (714) 826-8950		
WINDSOR HEALTH CARE OF SNF MANAGEMENT - WINDSOR GARDENS CONVALESCENT CENTER ANAHEIM		c. Cell No.	
		f. Fax No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	(714) 229-9437	
3415 West Ball Road Anaheim, CA 92804	Isaac Shabat	g. e-Mail	
Andream, CA 72004		h. Number of workers employed	
Type of Establishment (factory, mins, wholesaler, etc.) Healthcare facility	j. Identify principal product or service Healthcare services		
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and [list subsections] (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labo	r practices)	
Within the last months immediately preceding the filing of this charge the above-named employer, by and through its officers, violated Sections 8(a)(1) and (5) of the Act when it failed to bargain with the Union in good faith regarding the decision to terminate employees, or the effects of that discipline, and/or implementing without notice to or bargaining with the Union a policy of disciplining employees. The employer also violated the Act by unlawfully disciplining bargaining unit members pursuant to the aforesaid unilaterally implemented policy without first giving the Union notice and an opportunity to bargain about the proposed discipline.			
By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.			
3. Full name of party filing charge (if labor organization, give full	If name, including local name and number)		
SERVICE EMPLOYEES INTERNATION	IAL UNION, UNITED LONG TE	RM CARE WORKERS	
4a. Address (Street and number, city, state, and ZIP code)		4b.Tel. No. (213) 985-0463	
2910 Beverly Blvd. Los Angeles, CA 90057		4c. Cell No.	
Union Representative: Felix Beltran	4d.Fax No. (213) 985-0463		
		4e.e-Mai	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) SEIU, ULTCW, Service Employees International Union, United Long Term Care Workers			
6. DECLARATION I declare that I have read the above charge and that the statements are	N e true to the best of my knowledge and belief.	Tel. No. (213) 360-2344	
Ch OH	Lisl R. Duncan , Attorney	Office, if any, Cell No.	
(signature of ropin seriative or her of malling charge)	(Print/type name and title or office, if any)	Fax No. (213) 443-5098	
Weinberg, Roger & Rosenfeld Address 800 Wilshire Boulevard, Suite 1320, Los	December 12, 2013 Angeles, CA 90017 (date)	e-Mail	
Pourse, Dog transfill a poulevai d' Outre 1050, D03	109(6)	lduncan@unioncounsel.net	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. b) (6), (b) (7)(C

96%

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed December 13, 2013 21-CA-118955

File an original of this charge with NLRB Regional Dire	ector in which the alleged unfair labor practice of PLOYER AGAINST WHOM CHARGE IS BROU		
a. Name of Employer	TEOTER ACAMOT WHOM CHARGE IS BROO	b. Tel. No.	
POMONA COLLEGE		000 004 0400	
		909-621-8136	
		c. Cell No.	
c. Address (street, city, state ZIP code) d. Employer Representative		f. Fax No.	
101 N. COLLEGE WAY,	, ,	g. e-Mail	
CLAREMONT, CA 91711	·		
		h. Dispute Location (City and State)	
, , ,			
hotel) COLLEGE		75	
COLLEGE			
I. The above-named employer has engaged in and is	engaging in unfair labor practices within the mea	aning of section 8(a), subsections (1) AND (3) of the Nation	
labor practices are practices affecting commerce with	in the meaning of the Act, or these unfair labor p	practices are unfair practices affecting commerce within the	
Reorganization Act. 2. Basis of the Charge (set forth a clear and concise s	statement of the facts constituting the alleged un	fair labor practices)	
		, ,	
WITHIN THE PAST SIX MONTHS, T	THE ABOVE-NAMED EMPLOYE	ER TERMINATED(b)(6), (b)(7)(C)	
BECAUSE OF [016] UNION AND OT			
3. Full name of party filing charge (if labor organization	n, give full name, including local name and numi	ber)	
UNITE HERE LOCAL 11			
4a. Address (street and number, city, state, and ZIP of	code)	4b. Tel. No.	
404 0 1110 40 AVE 1 00 ANOFI FO 04 00047		213-481-8530 EXT. 270	
464 S. LUCAS AVE., LOS ANGELE	S, CA 90017		
		4c. Cell No.	
		951-581-5670	
		4d. Fax No.	
		4e. e-Mail	
5 Full and a fundional anishment and the second	tion of the little and the little an	ignaciocortes@unitehere11.org	
5. Full name of national or international labor organization)	alion of which it is an amiliate of constituent unit (ιο ρε illed in when charge is filed by a labor	
6. DECLARATION		Tel. No.	
I declare that I have read the above charge and my knowledge and belief.	that the statements are true to the best of	213-481-8530 EXT. 270	
100		Cell No.	
By:	Ignacio M. Cortes, Organizer	951-581-5670	
12-13-2013			
(signature of representative or person making char		Fax No.	
Address:	Date:	e-Mail	
riddioss. Date.		ignaciocortes@unitehere11.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. 1-955122254

637

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Cese Dale Filed 21-CA-119154 12-17-13

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.			
1.	EMPLOYER AGAINST WHOM CHARGE IS BROU		
a. Name of Employer GREEN FLEET SYSTEMS, LLC		b. Tel. No. (310) 667-8450 c. Cell No.	
d. Address (street, city, state ZIP code) 20500 S Alameda Street Carson, CA 90810	e. Employer Representative Gary Mooney	f. Fax No. (310)830-4217 g. e-Mail h. Dispute Location (City and State) CARSON, CA	
i. Type of Establishment (factory, nursing home, hotel) Trucking and distribution	j. Principal Product or Service trucking and distribution	k. Number of workers at dispute location 100+	
the Netional Labor Relations Act, and these unfair labor practices are unfair practices affecting comm	I is engaging in unfair labor practices within the mea labor practices are practices affecting commerce w lerce within the meaning of the Act and the Postal F se statement of the facts constituting the alleged un	Ithin the meaning of the Act, or these unfair Reorganization Act.	
See attached		,	
	ation, give full nome, Including local name and numb DF TEAMSTERS PORT DIVISION	er).	
INTERNATIONAL BROTHERHOOD OF TEAMSTERS PORT DIVISION 4a. Address (street and number, city, state, and ZIP code) 3888 CHERRY AVENUE, LONG BEACH, CA 90807		4b. Tel. No. (202)439-5343 4c. Cell No. (202)439-5343 4d. Fax No. (562)595-1896 4e. e-Mail	
5. Full name of national or International Jabor organization)	nization of which it is बन विशिवस्य or constituent unत (to be filled in when charge is filed by a labor	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (my knowledge and belief.)		Tel. No. (202)439-5343	
By:	CARLOS SANTAMARIA, Organizer	Office, if any, Cell No. (202)439-5343	
(signature of representative or person making cl Address: 3888 CHERRY AVENUE, LON		Fax No. (562)595-1896 e-Mail	
BEACH, CA 90807	' (-	1	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

WILLIAM STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 st seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT

GREEN FLEET SYSTEMS, LLC CHARGE

Within the last six months, the Employer, by its agents and representatives, has interfered with, restrained, and coerced its employees by encouraging and/or permitting non-union supporter employees to harass, provoke, and/or assault union supporter employees, interrogating employees about their union sentiments, threatening and/or attempting to discipline employees, making unlawful anti-union statements to employees, assisting employees in circulating an anti-union petition, assisting employees in funding and/or operating an anti-union campaign, instructing employees to report to the Employer the union activities of other employees and the work activities of union supporter employees, and threatening employees with job loss.

Within the last six months, the Employer, by its agents and representatives, has discriminated against employees, including, but not limited to, (b) (6), (b) (7)(C) by assigning to more onerous working conditions in retaliation for engaging in union and/or protected concerted activities and in order to discourage union activities or membership.

Within the last six months, the Employer, by its agents and representatives, has discriminated against employees, including, but not limited to, (b) (6), (b) (7)(C) by delaying and/or obstructing ability to perform work, by assigning to more onerous working conditions, and by issuing work vehicles, which are in poor condition in retaliation for engaging in union and/or protected concerted activities and in order to discourage union activities or membership.

FORM EXEMPTUNDER OF U.S.C. 2522

INTERNET FORM NLAB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL ENERGY TOTALETT SE V.S.C 3572	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
21-CA-119373	12-18-13	

INSTRUCTIONS:

	on in which the alleged unfair labor practice occurred or is occur PLOYER AGAINST WHOM CHARGE IS BROUGHT	ring.
g. Name of Employer	, Let Little Me I Mile Me Syntal Se Ditodaill	b. Tel. No. (714) 966-8090
Fountain Valley Regional Hospital & Med	lical Center	c. Cell No.
		C. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.
17100 Euclid St.	Tim Howard, Chief Human Resource	es g. e-Mail
Fountain Valley, CA 92708	Officer	Tim.howard@tenethealth.com
		h. Number of workers employed approximately 900
i. Type of Establishment (factory, mine, wholevaler, Hospital	etc.) j. Identify principal product or service Health Care	
k. The above-named employer has engaged in and	is engaging in unfair labor practices within the meaning of so	action 8(a), subsections (1) and (list
subsections) (3)	of the National La	bor Relations Act, and these unfair lebor
practices are practices affecting commerce within within the meaning of the Act and the Postal Rec	n the meaning of the Act, or these unfair labor practices are organization Act.	infair practices affecting commerce
2. Basis of the Charge (set forth a clear and concis-	e statement of the facts constituting the alleged unfair labor p	vactices)
	rough its managers, supervisors, and/or agents,	
	of their rights under Section 7 of the National Lab	
	ms or conditions of employment to discourage m	
when Employer disciplined (b) (6), (b)		
behalf of the purpo	se of mutual aid and/or protection and/or discuss	ing employment terms and
NLRA Sections 8(a)(1) and (3).	agues at a staff meeting. By these and other sim	liar acts, Employer has violated
NEIO Sections b(a)(1) and (3).		
3. Full name of party filling charge (if labor organiza	tion, give full name, including local name and number)	
Fountain Valley Professional Association NUHHCE, AFSCME, AFL-CIO	tlon, give full name, including local name and number) , United Nurses Associations of California/Union	of Health Care Professionals,
4a, Address (Street and number, city, state, and ZIF	code)	4b. Tel. No. 909-451-0566
955 Overland Court, Suite #150		4c. Cell No.
San Dimas, CA 91773-1718		4d. Fax No. and son con-
		4d. Fax No. 909-599-8655
		4e. e-Mail
5. Full name of national or international labor organ	nization of which it is an affiliate or constituent unit (to be filled	l in when charge is filed by a labor
organization) United Nurses Associations o	f California/Union of Health Care Professionals,	NUHHCE, AFSCME, AFL-CIO
t B DE	CLARATION	Tel. No.
I declare that I have read the above charge and that the	e statements are true to the best of my knowledge and belief.	909-599-8622
en Lina D. M	Lisa Demidovich, General Counsel	Office, if any, Cell No.
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fex No. 909-599-8655
	12.12.12.12.12.12.12.12.12.12.12.12.12.1	e-Mail
955 Overland Court, Suite #150; Sa	an Dimas, CA 91773-1718 12/18/2013 (dete)	Lisa.Demidovich@unacuhcp.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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